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MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		State File No. <u>68</u>		Registered No. <u>59</u>	
County <u>Graham</u>		State <u>Arizona</u>			
District or Township <u>Safford</u>		or Village			
City <u>Safford</u>		No. _____ St. _____ Ward _____			
2. FULL NAME <u>Reulda Agnes Blair</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number).			
(a) Residence, No. <u>Safford</u>		St. _____ Ward _____		(If non-resident, give city or town and State)	
(Usual place of abode)					
Length of residence in city or town where death occurred <u>63</u> yrs.		mos. _____ ds. _____		How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. _____	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOW-ED or DIVORCED <u>Widow</u> (Write the word)			
5a. If married, widowed, or divorced HUSBAND of <u>Harold Blair</u> (or) WIFE of					
6. DATE OF BIRTH (month, day and year) <u>6/13-1865</u>					
7. AGE <u>67</u> Years	Months <u>-</u>	Days <u>27</u>	IF LESS than 1 day _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>cook</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>Restaurant</u> (c) Name of employer					
9. BIRTHPLACE (city or town) <u>Utah</u> (State or country)					
10. NAME OF FATHER <u>Elisha F. Hubbard</u>					
11. BIRTHPLACE OF FATHER <u>Orange</u> (State or country) <u>Michigan</u> (city or town)					
12. MAIDEN NAME OF MOTHER <u>Agnes Churchill</u>					
13. BIRTHPLACE OF MOTHER <u>Scotland</u> (State or country) (city or town)					
14. Informant <u>Mrs. G. Woolsey</u> (Address) <u>Safford, Ariz.</u>					
15. Filed <u>Aug-8-1932</u> <u>J. M. Stratton</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>7-9-32</u> 19 <u>32</u> Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>7/9-32</u> 19 <u>32</u> to <u>7/9-32</u> 19 <u>32</u> that I last saw h. alive on <u>7/9-32</u> 19 <u>32</u> and that death occurred, on the date stated above, at <u>11 a</u> m. The CAUSE OF DEATH* was as follows: <u>Acute Indigestion</u> (duration) _____ yrs. _____ mos. <u>12 hours</u>					
CONTRIBUTORY <u>no</u> (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted <u>Arizona</u> If not at place of death?					
Did an operation precede death? _____ Date of _____					
Was there an autopsy? _____					
What test confirmed diagnosis? <u>H. E. Platt</u> M. D. (Signed) <u>July 10</u> 19 <u>32</u> (Address) <u>Safford Ariz</u>					
* State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Perma Ariz</u>			DATE OF BURIAL <u>July 10-32</u>		
20. UNDERTAKER <u>H. C. Rawson</u>			ADDRESS <u>Safford</u>		